

**City of Carlsbad - Public Works - Maintenance and Operations**  
**5950 El Camino Real - Carlsbad CA 92008**  
**(760) 438-2722 ext. 7134 - Fax (760) 431-2658**

Account No.: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Location: \_\_\_\_\_

Property Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City ST Zip: \_\_\_\_\_

Date of Notice: \_\_\_\_\_  
 Serial No. \_\_\_\_\_  
 Mfg. \_\_\_\_\_  
 Model \_\_\_\_\_  
 Size \_\_\_\_\_  
 Type of Assembly \_\_\_\_\_  
 Meter Size \_\_\_\_\_  
 Meter Number \_\_\_\_\_

**RE: Annual Backflow Certification**

From the date of this notice, you will have 30 days in which to have your backflow assembly tested and certified. If repairs are needed, the assembly will require retesting before it can be certified. The enclosed list is provided as a convenience. If you choose a tester not shown on the enclosed list, please have the tester contact our office to verify they meet the requirements. The testing company must also possess a valid City of Carlsbad business license.

The Field Testing & Maintenance Form provided by the City must be completed by the repair and test contractor, signed by the tester and the original returned to the City.

Test forms from other agencies, nor the tester's own forms will be accepted. This form must be completed and returned to the City within 30 days from the notice date or your water service will be subject to termination.

Date Tested: \_\_\_\_\_ AWWA or ABPA Cert. No.: \_\_\_\_\_ Gauge Serial No.: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Tester Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ PSI: \_\_\_\_\_

Line Valve #1 - Passed ( ) Replaced ( ) Line Valve #2 - Passed ( ) Replaced ( )

Reduced Pressure Principle Assembly			
	Double Check Valve Assembly		
Test Before Repairs	Tight ( ) _____ Leaked ( ) _____	Tight ( ) _____ Leaked ( ) _____	Apparent Drop _____ Opened At _____ Actual Drop _____
New Materials and Repairs Made			
Test After Repairs	Tight ( ) _____	Tight ( ) _____	Apparent Drop _____ Opened At _____ Actual Drop _____

Name and Phone No. of Repair

Person: \_\_\_\_\_

Test After Repairs Done By:

Firm Name: \_\_\_\_\_ Tester Name: \_\_\_\_\_

Gauge Serial No.: \_\_\_\_\_ AWWA or ABPA Cert. \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date of Retest: \_\_\_\_\_

Tester's signature affixed to this form certifies the above to be true.

Testers Signature: \_\_\_\_\_

**ORIGINAL MUST BE RETURNED TO THE CITY**